



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration

Spring Grove Hospital Center – Dix Building

55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

July 15, 2008

Dear Mental Hygiene Administration (MHA) Regulated Community Mental Health Program,

Thank you for submitting the wage and benefit survey as required in the recently adopted amendments to COMAR 10.21.17. **For those agencies that have not submitted these forms, it is imperative that the forms be submitted as soon as possible.** This information is required in order for the Community Services Reimbursement Rate Commission (CSRRC) to establish, validate and recommend rates for the public mental health system. This requirement applies to all programs regulated under MHA regulations including: Mobile Treatment Services,

10.21.19; Outpatient Mental Health Centers 10.21.20; Psychiatric Rehabilitation Programs for adults and minors; 10.21.21 and 10.21.29; Residential Crisis Programs 10.21.26; Respite Services 10.21.27; and Mental Health Vocational Programs 10.21.28.

The salary and wage surveys are one component of the information required under COMAR 10.21.17.06. However, in order to provide supporting detail to the CSRRC, in addition to submitting the wage and benefit surveys, **programs are required to submit annual financial statements or audits.** The regulations are stated as follows;

.06 Collaboration with Core Service Agency (CSA).

The program director shall:

A. Submit annually to the CSA, or, when providing services in multiple jurisdictions, the lead CSA, and the Community Services Reimbursement Rate Commission, an annual summary that, at a minimum, includes:

(1) Relevant financial statements or documentation and results of a financial audit;

(2) Wage and benefit information for each job classification, including, but not limited to:

(a) Administrative staff;

(b) Supervisory staff;

(c) Clinical staff; and

(d) Direct care staff;

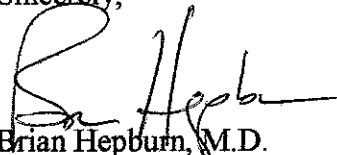
(3) Other information deemed necessary by the Department and the Community Services Reimbursement Rate Commission;

This information is to be submitted no later than September 1, 2008 for Fiscal Year 2007. For Fiscal Year 2008, submit the information six months after the end of the Fiscal Year. The wage and benefit forms may be accessed on MAPS-MD www.MAPS-MD.com and MHA's www.dhmd.state.md.us/MHA/ web sites. This information is to be submitted to the Graham Atkinson, Consultant to CSRRC, JGAtkinson@aol.com, copy to MHA, adultservices@dhmd.state.md.us, and the respective Core Service Agency (CSA). If you prefer to send the information by mail, please send to: Attention: Dan Roberts, MHA –Dix Building, 55 Wade Avenue, Catonsville, Maryland 21228. We will forward the information to the CSRRC.

Failure to comply with this requirement will affect your agency's approval to receive reimbursement as a community mental health program. Please contact Mr. Dan Roberts, MHA on 410- 402-8437 if you have any questions.

Thank you in advance for you immediate attention to this matter.

Sincerely,



Brian Hepburn, M.D.
Executive Director, MHA

CC: Lissa Abrams, MHA
Dan Roberts, MHA
Graham Atkinson, CSRRC
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CSA Directors
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